



# MALAWI

U.S. Agency for International Development (USAID)  
Population, Health, and Nutrition Briefing Sheet

## Country Profile

Malawi is a small, land-locked country located in south-eastern Africa. Its political and economic development has been impeded historically by its narrow economic base, concentrated ownership of assets, limited foreign and domestic investment, authoritarian leadership, high population growth, and low education levels. After 30 years of authoritarian rule, Malawi enjoyed its first free and fair presidential elections in 1994. Indicators of social welfare and per capita income worsened between independence in 1964 and the early 1990s. Its health situation is poor at best; infant mortality and malnutrition rates remain among the highest in the world, only half the population has access to safe drinking water, and there is a high and growing HIV/AIDS prevalence rate.

## USAID Strategy

Malawi's population growth rate, one of the highest in the world, exacerbates problems of poverty, illiteracy, and disease. One of USAID's goals in Malawi is to help lower the population growth rate by encouraging the adoption of modern family planning methods; promoting methods to reduce infant and child mortality, morbidity, and malnutrition; and encouraging behavioral change necessary to reduce the spread of HIV/AIDS, which has become a major cause of death.

## Major Program Areas

**Family Planning.** USAID/Malawi is supporting information, education, and communication (IEC) activities; social marketing of contraceptives; training in clinical and management practices; and community-based distribution of contraceptives. The mission is also helping to restructure the family planning logistics system; increase private sector service points; and renovate, equip, and supply public and private facilities for delivery of family planning and sexually transmitted infection (STI) services.

**Child Survival.** The mission supports child survival efforts through a variety of public and private sector initiatives.

- Community health partnerships between private voluntary organizations (PVOs) and district health offices promote improved local, integrated, primary health services delivery.
- Research on impregnated bednets and curtains, laboratory training, and a new Blantyre Integrated Malaria Initiative promise to further advance malaria control.
- USAID continues to advocate for improved child survival policies and practices, including nationwide introduction of integrated management of childhood illnesses (IMCI).

**Prevention and Control of HIV/AIDS/STIs.** USAID supports increased condom distribution, AIDS education in schools, training in syndromic management of STIs, and operations research to combat HIV/AIDS and other STIs. Special initiatives promote employer-based HIV/AIDS prevention programs and community- and family-based efforts to mitigate the impact of AIDS on society.

## Results

- The availability of first-line antimalarial drugs in rural private outlets grew from 20 percent in 1995 to 70 percent in 1997.
- Established 64 revolving funds at the community level to ensure a supply of anti-malarial drugs and oral rehydration salts.
- Completed 15 rural water systems serving a population of almost 230,000 villagers in 1997.
- Trained 3,500 community-based agents and supervisors in 1996/97, leading to increased oral contraceptive use and a new \$35 million World Bank-financed initiative to take the program nationwide in 1999.
- Increased annual sales of socially marketed condoms from less than one million in 1994 to nearly six million in 1996/97.



## Bureau for Africa

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## Success Stories

A "Work Place Task Force" established with USAID support continues to have enormous success in promoting employer-based family planning and HIV/AIDS prevention programs. The proportion of large companies with services such as peer education, condom distribution, and provision of IEC materials, has risen from just 10 percent in 1992-94 to 65 percent in 1997, and approximately 202,000 employees presently have access to these services. In 1997, Project Hope targeted large agricultural estates in nine districts, training 75 health care providers, and helping to make STI services available at 37 new clinics.

Successes in malaria prevention and treatment, particularly with the Ministry of Health's adoption of sulfadoxine pyrimethamine (SP) as a first-line alternative to chloroquine, are credited with drastically reducing Malawi's malaria case fatality rate. Hospital studies between 1989 and 1997 also show that increased use of SP among mothers has led to reduced rates of maternal anemia, low birthweight, and stillbirths.

Increases in AIDS awareness are leading to behavior change. Most significant is the impact of AIDS education in schools, which USAID supported in 1994/95 by reprinting 154,000 copies of teachers' guides and students' handbooks, delivering them to all school districts, and training 13,000 primary school teachers and headmasters in their use. Students' HIV knowledge and their participation in extracurricular anti-AIDS clubs has increased significantly.

## Continuing Challenges

Health sector performance has been constrained by the government's limited human and financial resources, particularly in the Ministry of Health and district health offices. USAID and other donors have been making major investments in human capacity, usually with good effect and at times with a remarkable payoff. Unfortunately, erosion of civil service wages has led some counterparts to leave the government for more lucrative jobs. More alarming are the mounting losses of key personnel from the HIV/AIDS pandemic. This is hurting productivity across the economy.

Nevertheless, family planning and health services demand continues to increase as does the number of facilities and trained providers that offer those ser-

vices. In meeting these challenges, USAID is continuing to build partnerships with Malawians and other donors. With USAID financing, both the non-governmental and private sectors have been active partners in promoting better family planning and health behaviors, and expanding services to targeted areas and clients. Donor cooperation and participation has been growing stronger, adding new resources, and new perspectives. This bodes well for future program implementation, particularly as donors work together to develop unified sector investment approaches with the government.



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